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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: John F. Stoffer

Serial No: 10/091,659

Examiner: Chapman, Jeanette E.

Filed: March 5, 2002

Art Unit: 3635

For: COUNTERTOP ASSEMBLY AND METHOD OF MANUFACTURE THEREOF

Commissioner for Patents
Alexandria, VA 22313-1450

AMENDMENT "A"

In response to the Office Action dated April 22, 2003 received in the above application, please amend said application as set forth on the attached pages, which are believed to be in compliance with the revised format of 37 CFR 1.121.

Please cancel claims 1-17 without bias or prejudice as shown on the attached claim pages.

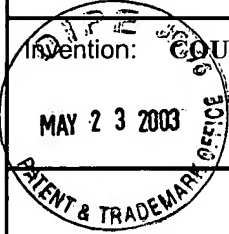

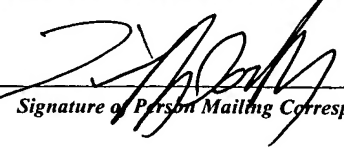
Respectfully submitted at Canton, Ohio this 21 day of May, 2003.

SAND & SEBOLT

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Attorney Docket: 1657-J

3635

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 1657-J		
Applicant(s): John F. Stoffer					
Serial No. 10/091,659	Filing Date 3/5/02	Examiner Chapman, Jeanette E.	Group Art Unit 3635		
Invention: COUNTERTOP ASSEMBLY AND METHOD OF MANUFACTURE THEREOF			FAX RECEIVED MAY 27 2003		
			GROUP 3600		
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	34 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0083 A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: 5/21/03		
Joseph A. Sebolt Reg. No. 35,352 Sand & Sebolt Aegis Tower, Suite 1100 4940 Munson St. NW Canton, OH 44718 330-244-1174			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on 5/21/03 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</p><p> _____ Signature of Person Mailing Correspondence</p><p>Tiffany M. Godfrey _____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					